									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003										ı					
		Епес		10	71	7	051								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER SMALL			
TO	TAL CLAIMS	14	,				Γ	RATE		FEE	1	RATE	FEE	:	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FEE 385.00		35.00	OR	BASIC FEE	770.0	0	
TOTAL CHARGEABLE CLAIMS			14 minus 20=		· Ø			X\$ 9=			OR	X\$18=			
INDEPENDENT CLAIMS			나 minus 3 =		* ′		Ī	X43=			OR	X86=	86		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=			OR	+290=	CC		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			L	TOTAL	_		OR	TOTAL	8.5t	$\overline{}$		
CLAIMS AS AMENDED - PART II										1	OTHER		\dashv		
	C	(Column 1)	MAILHADEL	(Column 2)				SMALL ENTITY			OR	SMALL		′	
AMENDMENT A	3/24/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADD TIONA FEE	٩L	
	Total	. 14	Minus	2	0	=	ſ	X\$·9=			OR	X\$18=	1		
	Independent	. 4	Minus	*** 4	4	=	T	X43=			OR	X86=			
Ĺ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM			+145=	\top		200	+290=			
	1,8,	10,14,					L	TOTA	-	 	OR	TOTAL		\dashv	
								DDIT. FE		_	OR ,	ADDIT. FEE		\dashv	
		(Column 1) CLAIMS	(Column 2) (Column 2)			(Column 3)	3)		1	201			400		
AMENDMENT B	2/12/01.	REMAINING AFTER		NUME PREVIC	BER	PRESENT EXTRA		RATE	TIC	DDI- DNAL		RATE	ADDI TIONA	۱L	
	7173/04	AMENDMENT		PAID	FOR	 	⊢		 	FEE			FEE	-	
	Total	• 19	Minus	* /	<u>v</u>	=	L	X\$ 9=			OR	X\$18=		_	
	Independent	+ 4	Minus	*** 4	CI AINA	-		X43=			OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			OR	+290=			
TOTAL											TOTAL	<u> </u>	\dashv		
								ODIT. FEE	<u> </u>		JOH ,	ADDIT. FEE		_	
:		(Column 1) CLAIMS		(Colun		(Column 3)	_		1		1				
AMENDMENT C	•	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIC	DDI- NAL EE		RATE	ADDI TIONA FEE	۱Ŀ	
	Total	*	Minus	***		=		X\$ 9=			OR	X\$18=			
	Independent	*	Minus	***		=	\vdash	X43=	T		Ì	X86=		一	
٨	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	DEPENDENT CLAIM			· -		 		OR	7.00-		\dashv	
						_		+145=			OR	+290=		╝	
* If the entry in column 1 is less than the entry in column 2, write *0" in column 3. ** If the *Highest Number Previously Paid For* IN THIS SPACE is less than 20, enter *20." ADDIT. FEE ***If the *Highest Number Previously Paid For* IN THIS SPACE is less than 3, enter *3.*											OR ,	TOTAL ADDIT. FEE			
***	f the "Highest Nu	mber Previously Pa ber Previously Pai	id For IN THI	S SPACE is	less tha	n 3, enter "3."				iate box					
	· g. · · · · ·	•	•			=				•		•		ı	